Key Barriers to Data Flow Among Government Agencies in Indonesia:

A Data Journey Modelling of Health Datasets

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Background - One Data Indonesia

Vicion and	One Data Indonesia as a basis for data-driven policy making			
Mission	Government data that is accurate	Government data that is open		Government data that is interoperable
Main Indicator	 Level of compliance with the standards 	 Level of accessibility Level of availability Level of responsiveness 		 Level of interoperability
Strategy	 Improvement of Data Governance Regulatory and institutional arrangement Data standardization and synchronization <i>Capacity building</i> Ensuring data interoperability across government agencies 		 Publication and use of open data 1. Data publication in an open format 2. Development of One Data Indonesia portal (data.go.id) 3. Encourage data use both internally and by public. 	
Implementation	Annual action plan Source: Satu Data Team Presentatio			

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Our Research

Research Aim

• Understanding key issues to data interoperability. Specifically, barriers to data movement of health datasets among government agencies in Indonesia?

Scope

- March June 2017
- Face-to-face interviews + observation
- Three datasets (SDG indicators):
 - Number of deliveries in health facilities.
 - Community-led total sanitation.
 - Prevalence of stunting.



Data Journey Modelling

- A tool for aiding identification of social and technical barriers to data movement in large, complex organizations.
- Modelled necessary parts of data infrastructure + movement of data.
- Assist in decision making process when implementing new functionalities or policies on existing network of data.



(Eleftheriou et al., 2016).







Examples of Problem – Dataset on Number of Deliveries in Health Care Facilities

- Repeated loss of data of deliveries outside Puskesmas and Government hospital.
 - Cause: The lack of a systemized data collection procedure for private hospitals and clinic. Currently, they are not strictly required to report delivery records to either the municipal health department or Puskesmas and are not aware of the importance of data integration.
- Time inefficiency in data collection
 - Cause: Competing tasks by the midwives. The need for Puskesmas midwives to physically visit private hospitals and clinic, sort each delivery data by address, and group the data according to the Puskesmas' boundary working area.



Key Barriers to Data Flow

People

- Leadership (Data steward).
- Absence of a clear governance structure (incl. role and responsibilities).

Standard

- Lack of data standards and processes.
- Inefficiency in data collection and entry.

Compliance

- Lack of incentives.
- Competing priorities in terms of service provision and data management.



Recommendation

- Build data governance capacities in local government (both elected and career civil servants).
- Develop data architecture standards including ensuring that metadata is available for each type of datasets as well as procedures to maintain data accuracy and the responsibilities matrix associated with these tasks with possible penalties for noncompliance.



Thompson et al. (2015)



Recommendation (Cont.)

- Review of existing laws/regulations concerning tasks, roles, and authorities of data producers and data custodians, including their incentives to ensure that data management tasks do not pose an undue burden to the service delivery activities, compromising quality in both areas.
- Develop information communication technology (ICT) applications that can improve data collection, repositories, and sharing processes. Review the different information systems used in the different hierarchical levels to ensure uniformity in standards and related implementation.





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